

ASS. REP. BY:

REF:

TMI/ CC3/TMI21007297/Kqc

Kearns

ASSIGNMENT

From:

Date:

Estimated Cost:

CO/TP/WS/TP/RES/LO/RES/EVA/INV/INV

To inspect Vehicle No: SHC 5787U

at Workshop no:

Trans Cob

of

Insured:

YP 1508Y

Policy No:

Claims No:

M2103108

Sum Insured:

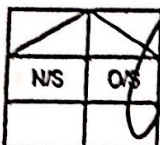
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Est. or Market Value:

\$71,842.4

IDAC Accident Report

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

8

days

Res.:

Yes or No

Lum Sum:

1-B.1%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC 5787U

Yr Regn:

09, 20

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toy Prius

c.c.

1798

Colour:

M. P. White 1st

A/C:

Insured / Std / NI / NA

Sp. Reading

48834

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB3FU903091511

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

195/65R15

R:

BS / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

5

mm

L/Bal.

4

mm

L/Bal.

5

mm

D.O.A.

1/7/21

D.O.I.

2/7/2021

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

05/07/21@3.58pm Email GIA report, estimate & revised to TMI.

25/10/21@11.39am confirmed with Wai Yin final fig \$7155.53, 8 days. (Red \$8340.79, 54%)

Date/Time, File Pass to?

☐

: Prell. Report

1) 25/10 Typist

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

8

Resurvey No. of Trlp:

1

Survey Fee:

Transportation:

\$ + RS. \$

Fines

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format:

MER- TP

Lump Sum / I.B.I. (\$

7155.53

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHC5787U**AAD2107-***Not Authorized
Recovery B4 paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

02 JUL 2021**0 10 JUL 2021****SHC5787U**

JTDKB3FU903091511

TOYOTA

PRIUS GEN 4

01/07/2021

Tokio-

16/09/2020

PART**LIST**

1	FENDER SUB-ASSY, FRONT RH		Ry	977.8	✓
1	LINER, FRONT FENDER, RH		Pr	202.5	X
1	EMBLEM, SIDE PANEL, RH		Rn	54.6	✓
1	PANEL SUB-ASSY, FRONT DOOR, RH	\$	Rt	1,300.70	✓
1	LOCK ASSY, FRONT DOOR W/MOTOR, RH	\$	Rd	603.2	✓
1	MOULDING, FRONT DOOR WINDOW FRAME, FRONT RH	\$	Rn	38.6	✓
1	FRAME SUB-ASSY, FRONT DOOR OUTSIDE HANDLE, RH	\$	D11	193.50	✓
1	HANDLE ASSY, FRONT DOOR, OUTSIDE RH	\$	D11	390.60	✓
1	MOTOR ASSY, POWER WINDOW REGULATOR, RH	\$		926.00	7
1	WEATHERSTRIP, FRONT DOOR OPENING TRIM, RH	\$	D11/Rn	321.10	✓
1	HINGE ASSY, FRONT DOOR, LOWER RH	\$	R	110.60	X
1	HINGE ASSY, FRONT DOOR, UPPER RH	\$	R	97.50	X
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH	\$		238.30	7
1	TAPE, BLACK OUT, NO.2 FRT RH	\$	Rn	43.50	✓
1	TAPE, BLACK OUT, NO.1 FRT RH	\$	Rn	13.30	✓
1	TAPE, BLACK OUT, NO.3 FRT RH	\$	Rn	26.30	✓
1	PANEL SUB-ASSY, REAR DOOR, RH	\$	Ry	1,294.90	✓
1	FRAME SUB-ASSY, REAR DOOR OUTSIDE HANDLE, RH		Rn	193.5	X
1	HANDLE ASSY, REAR DOOR OUTSIDE, RH		Rn	97.4	X
1	WEATHERSTRIP, REAR DOOR OPENING TRIM, RH	\$		293.00	7
1	MOTOR ASSY, POWER WINDOW REGULATOR, REAR RH	\$		926.00	7
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH	\$		206.70	7
1	TAPE, BLACK OUT, NO.2 REAR RH	\$	Rn	34.90	✓
1	TAPE, BLACK OUT, NO.3 REAR RH	\$	Rn	15.40	✓
1	TAPE, BLACK OUT, NO.1 REAR RH	\$	Rn	21.90	✓

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SHC5787U**AAD2107-**

- 1 HINGE ASSY, REAR DOOR, LOWER RH
- 1 HINGE ASSY, REAR DOOR, UPPER RH
- 1 PANEL SUB-ASSY, QUARTER, RH
- 1 LINER, REAR WHEEL HOUSE, RH
- 1 MOULDING ASSY, BODY ROCKER PANEL, RH

	\$	87.10	X
	\$	98.90	—
	\$	871.50	—
	\$	139.80	X
	\$	594.80	X
TOTAL	\$	9,179.00	10413.90
25%	\$	2,294.75	2603.48
	\$	6,884.25	7810.42

Special Nett

- 1 REAR FENDER LINER CLIP
- 1 REAR BUMPER RETAINER CLIP
- 1 HUB CAP
- 1 RIM
- 1 DOOR STICKER TRANSCAB
- 1 DOOR STICKER TEL. NO
- 1 DOOR TRIM CLIP
- 1 DOOR WEATHERSTRIP CLIP

	\$	65.00	X
	\$	75.00	X
	\$	211.50	X
	\$	1,879.40	X
	\$	100.00	6500
	\$	100.00	6500
	\$	75.00	X
	\$	80.00	X
TOTAL	\$	2,585.90	
TOTAL PARTS	\$	9,470.15	

LABOUR

To Rust-Proofing and apply undercoat Of The Affected Areas.	\$	240.00	900
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	1000
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	1,600.00	10000
To transfer of rear end panel fittings, attachment to facilitate bodywork repair.	\$	380.00	X

Trans-cab Auto Services Pte Ltd**AAD2107-**

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SHC5787UPutty And Spray Painting Of The Affected Portion. \$ 1,600.00 *1100/*To reinstall rear bumper parking sensor. \$ *nn* 170.00 XTo transfer of tire, rim and on wheel balancing. \$ *nn* 170.00 XTo Check Electrical Lighting Concerned. \$ 170.00 *201*To check steering geometry and computer wheel alignment \$ *nn* 220.00 XTo remove and refit of rear fender fittings, attachment and perform water seepage test. \$ *nn* 170.00 X**TOTAL \$ 5,100.00****Over All Total \$ ~~14,570.15~~ 15,496.32****(PART-BY-PART) Repair Days***20 Days**8 days***LKK Auto Consultants hence notify the Repairer of the following:**

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer**Signature:****Date:**

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	01/07/2021 15:50 (SGT)
Date of Accident	01/07/2021 06:30 (SGT)
Exact Location of Accident	B25 Old Choa Chu Kang Rd, Singapore
Additional Location Information	OLD CHOACHU KANG ROAD TOWARDS LIM CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5787U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXX878K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62866666
Alternative Phone No	(Office) +65-62866666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1767

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	NA

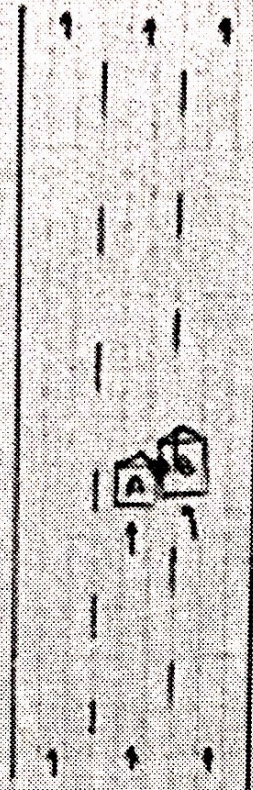
DRIVER

Name of Driver	SEE SENG LEE
NRIC No	SXXXX673H



A: 9C587U

B: YP58R



CROSS SECTION

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Reporting Centre Personnel's Signature
Name:
SPICOM No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELING AT MIDDLE LANE ALONG OLD CHOA CHU KANG ROAD TOWARDS LIM CHU KANG ROAD . VEHICLE B WAS DRIVING AT MY RIGHT LANE AND SUDDENLY FILTERING INTO MY LANE WITHOUT CHECKING , LEFT SIDE OF VEHICLE B HAS COLLIDED ONTO RIGHT SIDE OF MY VEHICLE .

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1/7/2021

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT**

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: